

DIVISION OF CHILD DEVELOPMENT

SUBSIDIZED CHILD CARE INPUT FORM FOR DPI CERTIFIED CHILD CARE PROGRAM

PART A: TO BE COMPLETED BY LEA Coordinator

(1) () CHANGE () TERMINATION

(2) HOURS OF OPERATION () FULL-TIME (Holiday-Snowday-TWD) ____ hrs. () SUMMER ONLY ____ hrs.
() PART-TIME Before school ____ hrs. per day. After school ____ hrs. per day.(3) SCC ID NUMBER (4) EFFECTIVE DATE

M M D D Y Y

(5) NAME OF SCHOOL SITE _____

(6) MAILING ADDRESS _____

(STREET)

(STATE)

(ZIP CODE)

(7) COUNTY NAME _____

(8) DIRECTOR'S NAME _____

(9) PHONE NUMBER _____ (10) LOCATION ADDRESS (IF DIFFERENT THAN MAILING) _____

() - _____

(11) SCHOOL SYSTEM NAME (OWNER) _____

(12) SCHOOL SYSTEM MAILING ADDRESS _____

(STREET)

(STATE)

(ZIP CODE)

(13) APPROVED (Certified) 1st SHIFT 2nd SHIFT 3rd SHIFT

ENROLLMENT

(CAPACITY)

(14) AGE RANGE: FROM - THRU
____ yrs. ____ yrs.

(15) RATES CHARGED FOR PRIVATE-PAYING CHILD CARE

FULL-TIME WEEKLY \$ _____ BEFORE SCHOOL \$ _____ wkly AFTER SCHOOL \$ _____

wkly

OR

FULL DAY \$ _____

OR

BEFORE & AFTER SCHOOL \$ _____ weekly rate

(16) INITIAL REGISTRATION FEES

\$ _____

(17) ANNUAL REGISTRATION FEES

\$ _____

(18) TERMINATION DATE

M M D D Y Y

(19) OTHER CONTRACTING COUNTIES

PART B: TO BE COMPLETED BY DCD

PROVIDER NUMBER

RATE TYPE

(N, C)

CATEGORY

B

FACILITY TYPE

1 / 5

RATES EFFECTIVE

FROM

TO

M M D D Y Y

M M D D Y Y

MAXIMUM PAYMENT RATES**RATE GROUP****100% MONTHLY****UP TO 75% MONTHLY****UP TO 50% MONTHLY**

R _____

R _____

R _____

R _____

R _____

R _____

R _____

R _____

Instructions for Completing the SCC Input Form for a DPI Certified Child Care Program (DCD-0335A) 11/00

PART A: To be completed by the Local Education Coordinator at LEA. Always complete number 3, 5, 6 and 7 each time you submit a change. Indicate in number 1 the reason form is being submitted (change or termination). If the change is a termination include the termination date in number 18. Indicate in the appropriate fields the requested changes, capacity, director, rates, hours of operation, etc. If unsure, complete all spaces.

- 1. Change, Termination:** Place an X for the appropriate transaction. **CHANGE**: for a change in the current DPI Certified program, such as, hours of care, mailing address, director, telephone number, etc. **TERMINATION**: if the child care program no longer operates at this location address or if the facility is no longer DPI (Department of Public Instruction) certified.
- 2. Hours of Operation:** May need to mark more than one. Mark if approved for full-time care for holiday, snow day, teachers' workday (TWD). Mark if full-time is only during the summer. Also state the daily hours of before and/or after school care.
- 3. SCC ID Number:** When submitting a Change or Termination, enter the site's SCC ID #, which is on the SCC Approval Notice. If **newly licensed**, the site will not have an assigned number at this time. Request enrollment through local county department of social services or other local purchasing agency for newly licensed programs.
- 4. Effective Date:** The effective date for a CHANGE in the child care program will be the date all necessary information is received by Division of Child Development (DCD) in order to process an Approval Notice or the date specified by DPI but cannot be backdated.
- 5. Name of School Site:** The name of school site where care is being provided to the children.
- 6. Mailing Address:** Address where the local purchasing agency needs to mail payment and other correspondence for the child care program. If this is a P O Box, then the area for the location address would also need to be completed.
- 7. County Name:** County in which school site is located. This field must be completed every time an Input Form is submitted.
- 8. Director's Name:** Enter the name of the school site's director or other person who has on-site administrative responsibility for the child care program.
- 9. Phone Number:** Enter the telephone number (including the area code) where the director or on-site administrator may be contacted.
- 10. Location Address:** Complete if different than the school site's mailing address or if school site's mailing address is a P O Box.
- 11. School System Name:** Official name of County or City School System, that owns and operates the child care program. Site must be owned and operated by the school system in order to be DPI certified or must be a Charter School that is DPI Certified.
- 12. School System Mailing Address:** County/City School System's mailing address or Charter School's address.
- 13. Approved Enrollment Capacity and Shifts:** Capacity for which program is certified for each shift. 1st shift is for daytime care; 2nd and 3rd shift is evening and over-night care, respectively. Total enrollment of subsidized children and private-paying children cannot exceed the approved (certified) enrollment capacity.
- 14. Age Range:** Age range for which facility has been certified by DPI.
- 15. Rates Charged for Private-Paying Child Care:** List the rates you charge private-paying parents for child care for each type of care.
- 16. Initial Registration Fees:** List the registration fee you charge for child care at time of enrollment, if any.
- 17. Annual Registration Fees:** List the registration fee you charge annually for child care, if any.
- 18. Termination Date:** Complete this block only when the child care program is no longer operating, or is no longer interested in subsidized child care, or is no longer DPI certified.
- 19. Other Contracting Agencies:** Include the county name of any other county who is purchasing care at this facility.

After completing this DCD-0335A form, return it to: Subsidy Services Section, Division of Child Development, 2201 Mail Service Center, Raleigh, NC 27699-2201. Please include a cover letter requesting the specific change(s) in the child care program. After DCD processes the form, a SCC Approval Notice will be issued on-line for the local county department of social services or other local purchasing agency to utilize. If the change cannot be approved the contact person listed on the cover letter will be notified.

Part B: To be completed by DCD: Leave Blank